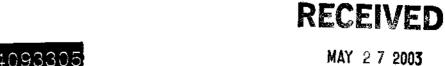
Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Chil Drews Hospital - Boston
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):
Address of Service Provider: 300 Longwood Aug Boston, Mg. 02115
Name of Agent Designated to Receive Notification of Claimed Infringement: \[\begin{align*} \textsup{\textsu
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): 1295 Boy(Lston Street Solve 330, Boston Mass. 02215
Telephone Number of Designated Agent: 617-355-8243
Facsimile Number of Designated Agent: 6/7 - 42/-/934
Email Address of Designated Agent: david. disenuare @ CcH. Harvard, Ed
Signature of Office Percentative of the Designating Service Provider: Date: 21, 2003
Typed or Printed Name and Title: DAVIS & DIGENIARS [NFORMATION SECURITY OFFICER

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



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